

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM P. 375)**

APPLICANT(S) _____

FILED DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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